MIDB/BUSINESS OBJECTS ACCESS REQUEST SECURITY UNIVERSE

A. REQUEST	ER INFORMATION		
1. Employee Na	ame (Last, First, Initial)		2. Employee ID
3. FACS Agend	cy 4. Work Address		
5. Telephone N	lumber	6. E-mail Address	
 "All un 15.232 Securi Securi 	ED ACCESS equester must indicate, and the Agency Security Adminiverses are composed of information subject to the deception (ii) of the Freedom of Information Act, MCL into the Agencies includes data for all agencies with the Statewide includes data for all State of Michigan are stype is mutually exclusive. Click in the selection bo	efinition of "public record" under sectior . 15.231 et seq." he exception of the Executive, Legislat gencies.	2(e)(i) and (ii), MCL
Required Approval	Access Type		
CS & OFM	Security Most Agencies		
CS & OFM	Security Statewide		
I agree to pr	AUTHORIZATION SIGNATURES rotect my user ID and password from unauthorized us I obtain with it shall be used only in the proper conduc	se. All access under my user ID is my lot of State business.	responsibility. All
Requester's Signature			Date
the requested N	must obtain the Supervisor and Agency Security Adm	ninistrator signatures as well as approp	
Supervisor Signature			Date
MIDB Agency Security Administrator (ASA)			Date
Office of Financial Management (OFM)			Date
HRMN Central Security (CS)			Date

Please keep this document confidential.